QUALCOM

OFFICIAL COMMUNICATION

5775 Morehouse Drive San Diego, CA 92121 Fax: (858) 658-2502

RECEIVED CENTRAL FAX CENTER

APR 04 2005

Facsimile Transmittal

DATE:

April 4, 2005

TO:

Amendment

Commissioner for Patents

ATTN:

Examiner: Robert W. Wilson

Art Unit: 2661

FAX NUMBER: (703) 872-9306

FROM:

Abdollah Katbab, Attorney for Applicant

Registration No. 45,325

Total Number of Pages Sent: 9 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 000029

ENCLOSED ARE:

Amendment (7 pages)

Transmittal

APPLICANT: Brown et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 09/429,406 FILED: October 26, 1999

FOR: METHOD AND APPARATUS FOR EFFICIENT DATA TRANSMISSION CONTROL

IN A WIRELESS VOICE-OVER-DATA COMMUNICATION SYSTEM

Please contact Carrie Casey at (858) 845-0157 if all pages do not transmit.

Special Instructions: THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you!

PTO/SB/21

U.S. Department of Commerce Patent and Trademark Office PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Customer No.: 23696

Attorney Docket No.: 000029

In Re Application of: James M. Brown

Serial Number: 09/429,406 Filed: October 26, 1999 Examiner: Robert W. Wilson Group Art Unit: 2661 RECEIVED
CENTRAL FAX CENTER

APR 04 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

Abdollah Katbab, Reg. No. 45,325 QUALCOMM Incorporated (858)651-4132 Attn: Patent Department 775 Morehouse Drive San Diego, California 92121-1714 Celephone: (858) 658-5787			•	4.5	17	<u> </u>	
Total* 7 11 0 x \$50 = \$ Independent** 5 6 0 x \$200 = \$ Multiple Dependent Claim(s):		Remaining After	Number	Extra	H		
Independent** 5 6 0 x \$200 = \$ Multiple Dependent Claim(s): Yes No \$360 \$ EXTENSION FEES	CLAIMS	Amendment		Claim:	s Ları	ge Entity Fee	Fee Paid
Multiple Dependent Claim(s):	Total*	7	11	0		x \$50 =	\$
EXTENSION FEES Two Months \$120 \$ Two Months \$450 \$ Three Months \$1020 \$ TERMINAL DISCLAIMER \$130 \$ "If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in colu	Independent**	5	6	. 0	,	\$ \$200 =	\$
EXTENSION FEES Two Months \$1020 \$ TERMINAL DISCLAIMER \$130 \$ *(If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **TOTAL FEE * * **TOTAL FEE * **TOTAL	Multiple Depend	dent Claim(s):	Yes 🛛 No			\$360	\$
TERMINAL DISCLAIMER *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$ *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ *If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ *If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ *If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$ **ITAL FEE \$				One Month		\$120	\$
TERMINAL DISCLAIMER \$130 \$ *If the number in column a is less than 20, enter 0 in column a. *If the number in column a is less than 20, enter 0 in column a. *If the number in column a is less than 20, enter 0 in column a. *If the number in column a is less than 3, enter 0 in column a. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column a. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column a. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column a. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column a. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. TOTAL FEE \$ **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 20, enter 0 in column a. **If the number in column a best than 20, enter 0 in column a. **If the number in column a. **If TOTAL FEE \$ **If the number in column a. **If TOTAL FEE \$ **TOTAL FEE \$ **If TOTAL FEE \$ **If the number in column a. **If TOTAL FEE \$ **If TOTAL	EX	TENSION FEES		Two Months		\$450	\$
*If the number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a set of in column c. **If the number in column a set of in column c. **If the number in column a set of in column c. **If the number in column and/or extension fees. **If the number in colum				Three Months	,	\$1020	\$
**If the number in column a is less than 3, enter 0 in column c. Column Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed for any claim and/or extension fees. Column Fee check in the amount of \$ is enclosed for fee processing. Column Fee check in the amount of \$ is enclosed for fee processing. Column		TERMINAL I	DISCLAIMER			\$130	\$
Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: April 4, 2005 Signature: Abdollah Katbab, Reg. No. 45,325 QUALCOMM Incorporated (858)651-4132 CUALCOMM Incorporated (858)651-4132					TC	OTAL FEE	S
	any overpay The Commi to 37 CFR to 37 CFR	ment to said Depos issioner is further he 1.25(b), any fee wh 1.18 inclusive, for	ereby authorized latsoever which i	to charge to sa nay become pr cy of this appl	nid Deposit Ac coperly due or lication withou	count No. 17-00: payable, as set f it specific addition	26, pursuant forth in 37 CFR 1.16
	any overpay to 37 CFR to 37 CFR To 37 CFR Date: April 4, 2 QUALCOMM In Atm: Patent Depi 1775 Morehouse Gan Diego, Califor	ment to said Deposissioner is further he 1.25(b), any fee wh 1.18 inclusive, for 1.005 corporated artment Drive unia 92121-1714 (858) 658-5787 (858) 658-2502	ereby authorized tatsoever which the entire pender	to charge to sa hay become proper of this appl Signatu	rid Deposit Acroperly due or lication without are: Abdollal (858)651	payable, as set for specific additional specif	26, pursuant forth in 37 CFR 1.16 mal authorization.
hereby certify that this correspondence is, on the date shown below, being:	any overpay to 37 CFR to 37 CFR to 37 CFR QUALCOMM In Atm: Patent Depi 775 Morehouse San Diego, Califo Felephone: Facsimile:	ment to said Deposissioner is further he 1.25(b), any fee wh 1.18 inclusive, for 1.005 corporated artment Drive omia 92121-1714 (858) 658-5787 (858) 658-2502	areby authorized that soever which is the entire pender the entire pender the entire pender that the entire pender	to charge to sa hay become pricy of this appl Signatu	roperly due or lication without the Abdollah (858)651	payable, as set for specific additional specif	26, pursuant forth in 37 CFR 1.16 mal authorization.
, , , , , ,	any overpay to 37 CFR to 37 CFR to 37 CFR QUALCOMM In Atm: Patent Depi 775 Morehouse San Diego, Califo Felephone: Facsimile:	ment to said Deposissioner is further he 1.25(b), any fee wh 1.18 inclusive, for 1005 corporated artment Drive ornia 92121-1714 (858) 658-5787 (858) 658-2502 CERTIFIC at this corresponder	areby authorized that soever which is the entire pender the entire pender the entire pender that the entire pender	to charge to sa hay become pricy of this appl Signatu	Addollar (858)651	payable, as set for specific additions of the specific additions of th	26, pursuant forth in 37 CFR 1.16 mal authorization.
hereby certify that this correspondence is, on the date shown below, being: MAILING FACSIMILE	any overpay to 37 CFR to 37 CFR to 37 CFR Date: April 4, 2 QUALCOMM Interpretation The property of the proper	ment to said Deposissioner is further he 1.25(b), any fee wh 1.18 inclusive, for 1.005 corporated artment Drive mia 92121-1714 (858) 658-5787 (858) 658-2502 CERTIFIC at this corresponder MAILING the United States or postage as first clares or postage as first cl	ATE OF MAIL. Rostal Service ass muil, in an mmissioner for ia, VA 22313-	o charge to sa hay become pro ey of this appl Signant NG/TRANSI shown below Deposi	MISSION (37 Abdollah (858)651 MISSION (37 Abeing: Fransmitted by radernark Office itor's Name: Ca	payable, as set for specific addition of the property of the p	26, pursuant forth in 37 CFR 1.16 and authorization. 2

From-QUALCOMM AF-210A

PATENT

RECEIVED CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APR 0 4 2005

In Re Application of)				
Brown et al.) For:)	METHOD AND APPARATUS FOR EFFICIENT DATA			
Serial No. 09/429,406))	TRANSMISSION CONTROL IN A WIRELESS VOICE-OVER- DATA COMMUNICATION			
Examiner: Robert W. Wilson	\	SYSTEM			
Filed: October 26, 1999) Group No.	2661			
RESPONSE	TO OFFICE A	CTION			
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Dear Commissioner:					
In response to the Office Action	dated January	10, 2005, please amend the above-			
identified application as indicated below.	·	•			
CERTIFICATE OF MAILI	NG/TRANSMISS	ION (37 CFR 1.8(a))			
I hereby certify that this correspondence is, on the da		• • • • • • • • • • • • • • • • • • • •			
MAILING		FACSIMILE			
deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	Traden	itted by facsimile to the Patent and nark Office on April 4, 2005. Nature: Carrie Casey			
Depositor's Name:	Signature: _	Signature: (1) Peror print Jame)			
Pare.					

Attorney Docket No.: 000029

Customer No.: 23696